

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	09/869759	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	12					
4	2					
5	12					
6	11					
7	10					
8	11					
9	10					
10	11					
11	10					
12	11					
13	10					
14	6					
15	10					
16	6					
17	10					
18	1					
19						
20						
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47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	16					
TOTAL CLAIMS	18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	

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	IND.	DEP.	IND.	DEP.	IND.	DE
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS